

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14065**

State File No. ....

**FILED MAY 13 1953**

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2234

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>	c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paola, Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>101 E. Wea St. Paola, Kas</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Harry W. Brown</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4</u> <u>28</u> <u>1953</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb 1 1886</u>	<b>9. AGE</b> (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Manager</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Oil well supply</u>		
<b>11a. BIRTHPLACE</b> (State or foreign country) <u>Slater Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>		

<b>13a. FATHER'S NAME</b> <u>J. D. Brown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nellie Cameron</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Marie Brown (wife)</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>514-01-215</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Marie Brown</u> <u>Paola, Kansas</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis with Nitrogen Retention</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease Heart</u> DUE TO (c) <u>Advanced Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>Years</u> <u>4201</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>1</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from April 3, 1953, to April 28, 1953 that I last saw the deceased alive on April 28, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Earl R. Knox</u> (Degree or title)	<b>23b. ADDRESS</b> <u>224 Fulton Bldg</u>	<b>23c. DATE SIGNED</b> <u>4-28-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>4/29, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Brendans</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico, Mo</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>4-29-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Wilson &amp; Son Funeral Home Paola, Kan</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Removed to Paola, Kansas for embalming

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.